NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NCDHHS Guidance for Point-Prevalence Surveys (PPS) in Skilled Nursing Facilities

Due to the large impact COVID-19 is having on Skilled Nursing Facilities, facilities should conduct a Point-Prevalence Survey (PPS) per CDC guidance. A PPS entails testing individuals in the facility, including residents and staff, regardless of symptoms on one day. The results inform facility administrators about the extent and distribution of possible infection with the virus that causes COVID-19 on that specific day. However, testing is not, by itself, an intervention to curb transmission of COVID-19; rather, it should be done in combination with existing infection prevention and control interventions. Please refer to CDC guidance for testing considerations. DHHS has contracted with CVS Health Omnicare to assist skilled-nursing facilities perform this testing.

Priorities for Testing:

- Skilled nursing facilities are considered high priority for point-prevalence testing if there are one or more cases of COVID-19 within the facility. These facilities will be contacted first to schedule a date for PPS testing.
- Skilled nursing facilities without one or more cases of COVID-19 should also conduct baseline testing of all staff and residents. Facilities that have conducted point-prevalence testing on or after May 18th, do not need to repeat testing, unless conducting follow up testing for newly identified cases.

Testing should be used to inform specific actions. Facilities should ensure that there are mechanisms to engage in follow up activities prior to testing including:

❏ Plan to communicate results with staff, residents, and families

❏ Have a current infection prevention program plan

❏ Have a preparedness plan for COVID-19

❏ Conduct annual infection prevention education, including donning and doffing of personal protective equipment and return demonstration

❏ Continuous infection prevention and control training and monitoring

❏ Make a plan for cohorting positive and negative residents separately according to CDC guidance. Designate a portion of the facility (e.g., a wing, ward, floor or end of a hallway) to care for residents with COVID-19. The cohorting area should be physically separated from the rest of the care areas in the facility with clear signage.

❏ Positive and negative residents should not share common areas or bathrooms

❏ Equipment should be dedicated to each cohort (positive and negative). If equipment must be shared, make a plan to clean and disinfect equipment

❏ Assign dedicated health care personnel to work only on the COVID-19 care unit

❏ Designate separate space (e.g., breakrooms, bathrooms) for health care personnel

❏ Make a plan for alternative staffing should staff come back with positive results

❑ Mitigate staffing shortages per CDC guidance
❑ Establish plans for repeat testing as needed

What is the process for conducting PPS testing in the facility?

- NC DHHS has contracted with CVS Health/Omnicare to conduct PPS testing. CVS Health will be reaching out to the administrator of skilled-nursing facilities in a phased approach through mid-July to schedule a date for testing. Facilities with one or more cases will be prioritized for initial outreach.
- Logistical details will be discussed with facilities prior to the testing date including preparation for testing date and detailed plan for the day of testing.
- Facilities will need to send information on patients and staff prior to the testing date and identify a location in the facility for staff testing.
- Teams will be coming to each facility on the scheduled date to perform the actual swab collection of both residents and staff.
- Testing will be performed in July and August.

Who pays for the testing?

For point-prevalence testing conducted through this process, CVS will bill the insurance and federal funding sources for staff and residents as possible and will bill residual costs to NCDHHS. There will be no cost to the facility, residents, or staff. CVS will be providing information on what insurance information will be needed when they conduct the outreach to the facility.

Can the facility use other vendors for testing?

Facilities can choose to work with their own vendors to complete testing but would need to cover their cost of testing. For staff, facilities can choose to offer testing through their occupational health program, contract with a third party to offer testing, or accept documentation by an individual's healthcare provider. In addition staff can be tested through community sites found in Find My Testing Place.

Any staff with positive test results should follow CDC guidance for returning to work.

Does the skilled-nursing facility staff need to collect the samples themselves?

CVS teams will arrive on the scheduled date to assist with sample collection of residents. Sample collection for staff may be done through supervised self-collection. Anterior nasal swabs will be used to collect the samples.

What happens for staff that work at multiple centers?

Staff do not need repeat testing if they have already been tested within the week and if there is no other indication for sooner testing. Facilities should create policies for acceptable methods of reporting/documentation for staff that have been tested elsewhere.

What happens when facility staff and/or residents refuse testing?

- If a resident refuses testing, continue other screening methods including temperature checks and symptom assessment and reassess testing if indications change. Use clinical judgement to determine if patient could be infected with COVID-19 and should be placed in isolation or if the patient had exposure to COVID-19 and should be placed in quarantine.
- Facilities should create a procedure for addressing staff refusal of testing and consult their corporate human resources or legal counsel.

Will personnel have to be excluded from work while waiting for test results or need to wear different PPE?
No, if personnel are asymptomatic and being tested solely for the purpose of point-prevalence testing (as opposed to follow up of an exposure), they do not have to be excluded from work while waiting for test results. All personnel should be wearing face masks, as well as, PPE needed for care of patients.

How are test results reported to the facility?
Patient results will be provided to the Facility Lead once all testing is complete. Facility Employee results will be communicated directly to the employee. When allowed to do so (i.e. signed consent waiver), Facility Employee results will be provided to the Facility Lead once all testing is complete. Note that Facility Employees who do not sign a waiver may not be tested on site at the discretion of the testing Team Lead.

Who will provide the medical order for testing?
Testing will be ordered under a state wide standing order from the State Health Director.

What is the guidance for personnel that test positive?
Exclude personnel from work until they meet criteria for returning to work.

Facilities with staffing challenges, in addition to ongoing recruitment efforts and work with temporary staffing agencies, should alert their local emergency management.

In severe staff shortage and under crisis standard of care, consider the decision to let asymptomatic staff work ONLY with SARS-CoV-2 positive residents and positive staff. For more information refer to CDC Strategies to Mitigate HCP Shortages.

Can other long-term care settings that are not skilled-nursing facilities request PPS testing at this time through this contract?
At this time, other types of long-term care facilities with one or more cases are recommended to test all their residents and staff and should coordinate with local health departments when one or more cases are identified and identify a private lab or community partner to conduct testing.

The facility has already conducted PPS testing, does the facility need to repeat it?
Facilities that have conducted point-prevalence testing on or after May 18th, do not need to repeat point-prevalence testing, unless conducting follow up testing for new identified cases.

What is the guidance on repeat testing?
For SNFs where one or more cases are identified in residents or staff, the facility should report the case to their local health department and work with the health department and private/community lab vendor to continue repeat testing of negative residents and staff weekly until there are no new cases of SARS-CoV-2 infection among residents or staff for a period of at least 14 days since the most recent positive result.

Skilled nursing facilities without cases should continue biweekly testing of staff. Facilities should work with community and private vendors for ongoing testing needs. Please see additional CDC guidance for performing facility-wide testing.

Should residents or staff who have previously tested positive be tested?

Residents or staff who have previously tested positive do not necessarily need to be retested.

- If the symptom-based strategy is used to determine discontinuation of isolation, residents who previously tested positive by PCR should not be tested during the PPS.
    - Preliminary viral culture studies suggest that though PCR testing (detection of RNA) can remain positive for over 14 days, transmission (measured by isolation of live virus) is not likely possible 10 days after symptom onset.
    - Previously-positive residents can move from the Positive cohort to the "Negative" cohort when they are at least 72 hours fever-free, symptoms are improved, and it has been at least 10 days since symptom onset.
- If the test-based strategy is used, retesting residents who previously tested positive may potentially lengthen the time spent in the Positive cohort beyond the length of transmissibility. If the test-based strategy is used for a resident that was previously positive:
    - Two negative PCR tests (collected >24 hours apart), in addition to improvement in symptoms and resolution of fever are required before lifting precautions or transfer to the "Negative" cohort.
    - A persistently positive but asymptomatic resident will need to continue transmission-based precautions until 10 days after the most recent positive result, then can move to the "Negative" cohort.
    - Due to persistence of RNA detection by PCR, we do not recommend retesting unless residents are >14 days after symptom onset, afebrile for >72 hours, and respiratory symptoms are improved.